

# CLAIMS ONLY

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1										
2	1		1										
3		1		1		1							
4		1		1		1							
5		3		1		1							
6		3		1		1							
7		2		1		1							
8		1		1		1							
9		4		7		7							
10		4		7		7							
11		4		7		7							
12				1		1							
13				1		1							
14				1		1							
15				1		1							
16				1		1							
17				1		1							
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49													
50													
TOTAL IND.	2		1		1								
TOTAL DEP.	2-3		43		31								
TOTAL CLAIMS	11		44		32								
51													
52													
53													
54													
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57													
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100													
TOTAL IND.													
TOTAL DEP.													
TOTAL CLAIMS													

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

BEST AVAILABLE COPY